

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J. M. J.</i>		
O.I.P.E. CLASSIFIER	MJN	57	08-18-01
FORMALITY REVIEW	P	1019	10.04.01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	5
2	24
3	13
4	18
5	14
6	17
7	10
8	2
9	1
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14	1
15	1
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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